

Instructions for Developing the Individual Plan of Care

Participants, guardians, provider and case managers shall work as a team to develop the individualized plan of care for the participant on the waiver. All sections of the plan of care are important and should be specifically written to reflect the participant's needs, goals, medical condition, health and safety needs, and/or behavioral concerns. The following instructions shall be followed when a plan of care is submitted to the Division for approval. Definitions are included at the end of the document for further clarification of certain terms. A topic index is also included on the last page of this document.

Technical Checklist

1. Use Revision 4/08
2. Initial all components to double-check all parts of the plan of care are complete.
3. Mark N/A on parts not pertinent to the participant.
4. Submit the checklist with the plan.
5. Submit the all documents in the order of the Technical Checklist.

Pre-Approval Form *Revised form 3/08*

1. In completing the Pre-approval form, the ISC shall:
 - a. Complete all spaces indicated on the form.
 - b. Use NPI numbers for all providers who have them.
 - c. Use the current IBA. If not known, call the waiver specialist for the IBA.
 - d. Assure that all information is accurate and complete.
 - e. Not leave any item blanks.
 - f. Calculate the units and rates and assure the amount is within the IBA.
 - g. Double check all money totals on the form.
 - h. Assure all signature lines are signed and dated.
 - i. Mark the effective date as the Plan of Care start date, unless the Waiver Specialist has signed and dated the form after the Plan of Care start date.
2. If a guardian signature is not available upon submission of the Plan of Care, include a letter stating that the signature will be forthcoming.
 - a. Plan of Care cannot be approved until the guardian's signature is received.
3. For a Plan of Care submission, write N/A in the Modification Effective Date space.
4. If a child will age out during the plan year, the IBA and units must be calculated to reflect the correct number of months in service.
5. Rates
 - a. Assure service rates are correct for the appropriate waiver.
 - b. Use appropriate modifiers for tiered supervision levels and correct modifiers for groups, when appropriate
 - c. Children's DD Waiver requires a letter of justification if the number of Respite units requested will be over 7280 per year (average 35 hours a week) or if Homemaking Services will be over three (3) hours per week.

LT-MR-104 and LT-ABI-105 Revised form 2/08

1. Check the box in the top right hand corner for the waiver the appropriate for the participant, (*ie. Adult DD Waiver, Children's DD Waiver, or ABI Waiver*).
2. Participant's physical address must be complete, including city and zip code.
3. Participant's Medicaid ID number must be listed.
4. Current diagnosis for the participant must be completed. For individuals with a MR diagnosis, the level of MR must be included.
5. Screening date is the date the form is completed. This must be less than 365 days from the screening date on the last form.
6. Plan of Care date is the date the upcoming plan will start.
7. Pending Plan of Care date, when applicable, is for new applicants who have not had a plan of care submitted before. If it does not apply to the participant, mark N/A.
8. ICF/MR admit date should be marked N/A. (*Only the Wyoming State Training School would mark an admit date here*).
9. Placement is the ISC organization.
10. County of the participant's physical address must be identified.
11. Individual must meet the ICF/MR Level of Care by having the following combinations of **yes's**:
 - a. An Individual is approved for ICF/MR Level of Care by the Individually-Selected Service Coordinator (ISC) marking the necessary number of "Yes's" to any of the following combinations of Columns A-C and Row D:

Column A + Column C + Row D Active Treatment = Approved ICF-MR

2-Yes 1-Yes 1-Yes

or

Column B + Column C + Row D Active Treatment + Approved ICF-MR

2-Yes 1-Yes 1-Yes

or

Column C + Row D Active Treatment = Approved ICF-MR

3-Yes 1-Yes
12. To be eligible for the waiver:
 - a. Mark "yes" that the Individual meets ICF/MR Eligibility Criteria.
 - b. Mark "yes" that It is anticipated that the individual will need this level of service consecutively for 30 days or more
 - c. Mark "yes" that the Individual meets the definition of developmental disabilities or acquired brain injury.
13. The ISC must print name, sign the form and provide a telephone number for DFS.
14. A new form must be submitted to the Division and DFS annually and for every change of residence, ISC organization, or Waiver.
15. This form should be submitted to DFS yearly even if there is no change.
16. **For an initial plan**, DFS should receive this form along with a copy of the funding letter as soon as possible so financial eligibility can be determined and DFS can correctly code the Participant on the correct Waiver.
17. DFS will review the case for financial eligibility and send a pending letter to Participant and ISC.

Guardianship Papers

1. Whenever there is a court appointed guardian, guardianship papers must be submitted with plan.
2. For children under 18, their parents are their legal guardian unless an alternate person is appointed by a court.
3. When a child turns 18 years of age, he or she is legally an adult and is responsible for signing all Plan of Care documents unless there is a court order changing that status.
 - a. The Division cannot accept guardianship papers that state “minor child” if the participant is 18 or older unless it meets the following criteria:
 - i. “A guardianship, initiated while the ward is a minor, does not lapse at the age of majority under Wyo. Stat. Ann. 3-3-1101, if it is based on incompetency as defined in Wyo. Stat. Ann. 3-1-101(a)(ix) or (xii).”
 - b. The ISC is responsible for having the participant sign the forms until the guardianship can be corrected.
4. If there is a limited guardianship, assure that the dates are current.
5. For children, if guardianship papers not available, an explanation must be submitted.

“Notice of Choice” form

1. Document must be given to the Participant/guardian well in advance of the team meeting, along with a current list of providers.
2. All information should be complete and accurate. This includes demographic information, signature and dates.
 - a. Dates must be on or prior to the meeting date for the Plan of Care.
3. Choice should be offered twice a year, but the form is only required with the Plan of Care

“Won’t Pay” form

1. Form is only required if the Participant is receiving supported employment services.
2. List name of the Participant at the top of the page.
3. The Individually Selected Service Coordinator (ISC) must sign and date the form.
4. Department of Vocational Rehabilitation (DVR) shall be contacted when the annual team meeting is scheduled.
 - a. The participant should apply for vocational rehabilitation services when interested in any kind of employment.
 - b. DVR may be able to assist the person with supported employment services, but the organization and the participant must attend appointments consistently to ensure successful employment outcomes.
5. The date of the DVR appointment or the date DVR was contacted must be listed as well as the name of the DVR counselor contacted.

Inventory for Client and Agency Planning (ICAP)

1. The three (3) page summary must be submitted with the plan.
2. The ICAP is an assessment tool that should be reviewed before or during the Plan of Care meeting.
3. If the ICAP lists problem behaviors as moderate or above, a positive behavior support plan must be written.
4. After the initial ICAP, the assessment is completed every five years for adults and children, unless requested otherwise by the waiver specialist.
5. If the ICAP will expire before the next plan year, ISC should submit an ICAP checklist and supporting documentation.

Psychological/Neuropsychological Evaluations

1. Reports must include diagnoses, and, for the Adult and Children's DD Waivers, the full scale IQ score should be included.
2. If the Psychological evaluation will expire before the next plan year, ISC should work with the waiver specialist and submit a modification to have a new psychological evaluation.
3. Psychological/neuropsychological evaluation must be included with a Plan or Care.
4. Evaluations shall be done every 5 years, unless otherwise requested by the waiver specialist.
5. Recommendations from the Psychologist must be addressed in the Plan of Care.
6. A Licensed Psychologist must sign and date the evaluation.
7. If a Participant qualifies for Waiver Services because of a related condition,
 - a. Condition must be reflected in the psychological report, or
 - b. Additional medical documentation must be submitted.

Plan of Care

1. The name of the Participant should be on each page of the Plan of Care.
2. If the Plan of Care is completed at the team meeting, it is permissible to sign the Plan at this time.
3. However, if the team is making changes to the Plan of Care, the members must sign the Plan after it is complete.
4. The ISC will assure all direct care providers on the plan receive training on all components of the plan of care, which may include the following:
 - a. Identifying at each team meeting, if there are changes to the plan, who be responsible for the training
 - b. Coordinating training between independent providers and organizations, when both are on a plan.

About Me

1. Use appropriate language for responses:
 - a. Answer in the first person, or use direct quotes, whenever possible.
 - b. If the person is non-verbal, use wording such as, "My mom says, I..." or "Jane Doe, my guardian, says..."
 - c. If the team has additions to the statements, add information stating: "The team believes Jane ..."
2. The About Me questions can be answered ahead of the IPC meeting at monthly ISC visits or with help from staff, but should be *reviewed* at the team meeting.
3. Answer all questions with complete sentences.
4. Reflect the goals, objectives, past progress and wishes of the participant.
5. Preferred activities identified in the About Me section should be reflected in the habilitation schedules.
6. Include health and safety considerations.
7. Reflect psychological/medical recommendations.
8. Address any transition in the future.
9. Children's Waiver considerations:
 - a. If a child will be turning 18 within the next plan year, be sure to include whether or not guardianship is being pursued.
 - b. Include plans for day activities if the child will be leaving school
 - c. Note: Child Waiver does not pay for Day Services, Pre Vocational or Employment Services.

Demographics

1. Accurate information is essential
2. Complete the entire form; no blanks

3. Space for “Nickname” is optional
4. Document one Individual Plan of Care Team Meeting Date
5. List the date of the current Psychological Evaluation, current ICAP score, and date of ICAP.
6. Current guardianship papers must be submitted with each Plan of Care for ABI and Adult Waiver. If a child has a court-appointed guardian, guardianship papers must be submitted.
7. If a participant moves, a new demographic page must be submitted to the Waiver Specialist.

Functional Limitations

1. A minimum of three areas must be identified on this page.
2. Select items specific to the participant’s limitations at the current time.

Rights

1. Rights of the participant are detailed in the “*Rights, Responsibilities, and Restrictions*” document available on the Division’s website, and shall be made available or explained to the participant, guardian and/or parents.
2. Rights listed below in #5, **Guidance on Specific Rights** may be modified for participant by the guardian, along with the team.
3. If physical (personal) restraints, a drug used as a restraint, or mechanical restraints are used on a participant, then it must be listed as a restriction of rights.
4. All restrictions shall identify:
 - a. **Why the restriction is imposed** (*Because of the participant’s functional limitation in this area, for legal reasons, etc.*)
 - b. **How it is imposed** (*Through protocol in the behavior plan, through a contractual agreement, court order, etc.*)
 - c. **A plan to restore rights**
 - i. “*Review in 6 months*” is not sufficient.
 - ii. This section can describe training objectives or protocols that will allow or encourage greater independence
 - d. **A date to review restrictions** (*monthly, quarterly, or semi-annually*)
5. **Guidance on Specific Rights**

The following information is not meant to cover all possible questions on rights and restrictions, but serves as a guide. If there are specific questions, the case manager shall consult with the Waiver Specialist and the Waiver Manager.

- a. There are significant differences between the rights of children and adults.
- b. If the plan is for a child, then:
 - i. Children’s plan can no longer state, “The parent owns the rights”
 1. Possible wording could be similar to “Joe’s parents assist him in all medical decisions. They know when he is in pain by facial expressions and crying. They are trying to teach him to point to what hurts.”
 - ii. Parents usually exercise control of the rights of children. Based on this, it is not necessary to list rights restrictions for children under 18, unless:
 1. A child is 8 or older and needs assistance in the areas of toileting and bathing
 2. A child is 8 or older and has either a video or auditory monitor in the bathroom or bedroom
 3. A behavior program for any age child that lists restrictions that providers would be expected to carry out
 - iii. Wyoming law considers all persons 18 or older as an adult.

- iv. Applicable rights restrictions must be documented for participants 18 and over regardless of waiver, even when there is a guardian appointed.

c. Right to keep and use personal possessions

- i. List as a restriction, if:
 - 1. Food is locked up
 - a. This should be used very sparingly – usually only for Prader Willi syndrome, or similar eating disorder/conditions.
 - b. Cannot be used for staff (supervision) convenience
 - 2. Participant is on a special diet or other food and/or liquid restrictions, including if:
 - a. The participant does not have a choice in food portions or beverage selection or quantity, whether for behavioral considerations or health reasons.
 - 3. Access to cigarettes, chewing tobacco, or alcoholic beverage is limited – even if it is for health reasons
 - 4. There is temporary removal of possessions such as clothing, bedding, games, toys, books, crafts, movies, CDs, etc
 - 5. There is permanent removal of food or personal items (*due to hoarding or other behaviors*)
 - 6. Restrictions cannot be used for staff (supervision) convenience
 - 7. If restriction affects all others in the home, then:
 - a. Plans for all other participants in home must have the restriction listed.
- ii. Do not list as a restriction, but under “Supports” section, if:
 - 1. Foods, snacks, or beverages are specifically listed by a participant’s wish
 - 2. Caloric or other food guidelines as chosen by the participant
 - 3. If the organization has posted menus and substitutions are allowed

d. Right to keep and spend money

- i. List as a restriction, if:
 - 1. The participant has a representative payee
 - 2. The participant has a conservator
 - 3. The money is withheld as a consequence to a maladaptive behavior
 - 4. The participant’s account requires two signatures
- ii. Do not list as a restriction, if:
 - 1. Organization has policy in Participant handbook or another format on:
 - a. Safeguarding money
 - b. Reporting finances to guardian
 - c. Room and Board
 - d. Reporting about money, room and board expenses to case managers (either part of the organization or independent)

e. Right to send and receive unopened mail

- i. List as a restriction, if:
 - 1. A participant’s mail is screened.
- ii. Do not list as a restriction, if:
 - 1. Assistance is given to individuals who cannot read
 - 2. If the organization has policies dictating mail comes to a central location
 - a. This should be explained in the Participant Handbook
- iii. A participant/guardian requests mail go to a central location, instead of a person’s residence (such as correspondence from Social Security or DFS)

f. Right to make and receive telephone calls

- i. List as a restriction, if:
 - 1. The receiving or making of calls are restricted.
 - 2. The receiving or making of calls are restricted due to guardian request.
- ii. Do not list as a restriction, if:
 - 1. Assistance is given with phone calls, if the person can say no.
 - 2. If there are program policies, such as calling while at work, times that calls are allowable, payment for calls, use of cell phones, etc.
 - a. These should be listed in the Participant Handbook
- g. Rights in privacy in matters of toileting or bathing**
 - i. List as a restriction, if:
 - 1. Assistance is needed for anyone over the age of eight (8) years old.
 - 2. Audio or visual monitors are in the residence, for anyone over the age of 8, regardless of intent. *(Even if the monitor is used for seizure safety, it is still a restriction of privacy)*
 - a. For any restriction in privacy, the “How imposed” section must include procedures to ensure dignity and as much privacy as is safe for the person
 - ii. Do not list as a restriction, if:
 - 1. Audio or visual monitors are in common areas, such as exterior doors, day program sites, or in non-residential areas where more than one person congregate.
 - a. The use of monitors should be noted in the Participant Handbook or in other documentation to assure people are aware conversations may not be private.
 - b. It can be noted in the “Supports” section.
- h. Right to receive visitors and communicate and associate with persons of one’s own choice**
 - i. List as a restriction, if:
 - 1. There is a court order, custodial rights, or condition of probation.
 - 2. The participant has an approved visitors list.
 - 3. Due to behavioral issues, the choice of others in the home is restricted
 - a. Plans of the others in the home may need to have right restricted, if it the restriction of visitors limits their right as well
 - ii. Do not list as a restriction, if:
 - 1. Organizational policy limits number of visitors, has sign in procedures, has structured time for visits, etc.
 - a. These should be listed in the Participant Handbook
- i. Right to be free of mechanical, chemical or physical restraint**
 - i. **Mechanical restraint.** Any device attached or adjacent to a Participant’s body, which he or she cannot easily remove, and which therefore restricts freedom of movement or normal access to the body.
 - 1. List as a restriction, if the **mechanical restraint** is a:
 - a. Item such as weighted blanket/vest/body sock and participant cannot remove the item on his/her own
 - b. Lap belt, strap, glove, or other item, which restricts movement of the body due to behavioral considerations
 - 2. Do not list as a restriction the following mechanical restraints if used for standard safety reasons, such as:
 - a. Seatbelt/car seat
 - b. Wheelchair lap belt
 - c. Specialized harness, car seat for adult, safety belt, head supports, bed rails, etc.

- i. These should be listed under “Supports” and “Specialized equipment” in the plan with the maintenance check identified.
- ii. **A chemical restraint, or drug used as a restraint**, is a restriction, if it meets the three contingencies in the definition:
 - 1. It is administered to manage a participant’s behavior in a way that reduces the safety risk to the participant or others, and
 - 2. Has the temporary effect of restricting the participant’s freedom of movement, and
 - 3. Is not a standard treatment for the participant’s medical or psychiatric condition.
 - a. A PRN that is prescribed as part of standard treatment is not being interpreted as a chemical restraint, as interpreted by the Centers of Medicare/Medicaid Services.
 - b. A prescribed medicine is not a drug used as a restraint, since it is standard treatment for that person’s condition as determined by a medical professional.
- iii. **Physical/Personal restraint** means the application of physical force without the use of any device, for the purposes of restraining the free movement of the body of the Participant.
 - 1. List as a restriction if a **physical restraint** is used.
 - 2. Do not list as a restriction but a “community support”, if the action is:
 - a. Holding a person’s hand to cross the street safely
 - b. Helping a person get in to or out of a place
- j. **Right to choose with whom and where to live and Freedom to move in and outside residence**
 - i. List as restriction, if:
 - 1. The participant has a guardian and is over 18 years old
 - 2. The participant is prevented from leaving as a consequence of a maladaptive behavior
 - ii. Do not list as a restriction if the item is a:
 - 1. Tracking bracelet
 - 2. Video monitor or sound alarm on exterior door and is a notification that additional assistance is needed
 - 3. Fence
 - 4. An item used to block access to stairwells or unsafe areas due to safety concerns.
- k. **Choose providers of waiver services**
 - i. List as restriction if the individual has a guardian and is over 18
- l. **Choose own medical services**
 - i. List as restriction if the individual has a guardian and is over 18

Informed Consent

- 1. The Plan must identify if the Participant is, or is not, capable of making Informed Consent decisions.
- 2. Identify who helps the Participant in making decisions, and explain how the team and/or guardian help the Participant to become more independent in these issues.
- 3. It is assumed that parents make these decisions for children under 18 years old.
 - a. However, is it not correct to state, “The parent owns the rights.”
 - b. Comments should identify who helps the individual make decisions and how the parent or team is helping the child become more independent.
 - c. If the child is too young to make any decisions, the comment may be “Parents make decisions concerning medical issues” (*as an example*)
- 4. Informed consent must be documented for participants 18 and over regardless of waiver, even when there is a guardian appointed.

Services Available

1. The services selected on this page must match the services listed on the Pre-approval Form;
 - a. Note that some Services are available only to specific waivers, (i.e. S-5130 Homemaker *Children only* and T-2025 In-Home Support *Adult and ABI only*)
2. Identify Non-Waiver Services
 - a. By marking the appropriate box, and
 - b. Underlining the service used
 - c. Listing any additional non-waiver services in the empty boxes available

Medical Services

1. List all physicians or medical professionals used; recommendations for visits or ongoing treatment; date of last visit; projected date of next visit
2. Identify who will assist the Participant with medical appointments. If a nurse is assisting, this must be supported in the Physician's order.

Medical Information

1. Identify all primary physician information.
2. List all diagnoses from psychological/neuropsychological evaluations and medical diagnosis if appropriate – the box will expand.
3. Complete information on immunizations and any food, medicine, or other allergies.
4. List medications used as of the time the Plan is written.
 - a. ISCs shall verify that providers who are administering or monitoring medication shall have current medication information.
 - b. If the Participant lives with their family, the family is responsible for notifying team members and the ISC of all medication changes.
 - c. The ISC is responsible for updating all team members on medication changes.
 - d. All sections of the medication table shall be filled out, no blanks or “unknowns”
5. The question “If psychotropic medications are given, identify the medical professional responsible for monitoring the medications” must be answered in this box, if applicable.
6. In the next box, “Specify any medical or health issues” include:
 - a. Any information or instruction for current medical or health concerns – the box is expandable.
 - b. Protocols for PRNs in this area (*unless a PRN for behavioral modification is listed in the positive behavior support plan*), including:
 - i. Who notifies the appointed person to do the assessment for the need of a PRN,
 - ii. Who administers the PRN,
 - iii. Who monitors the participant for side effects after it is taken
 - iv. How is PRN documented
 - v. Who analyzes the use of the PRN
 - c. Pertinent historical information related to current medical or health concerns, but do not include:
 - i. Past history, which is relevant *only* to the psychological evaluation, or
 - ii. Information on incidents *unrelated* to medical or health concerns

Medical Assistance

1. Assistance: Check boxes that apply (*Refer to definitions in Chapters 41, 42, & 43 for clarifications*)
 - a. Medication administration
 - b. Medication management
 - c. Medication monitoring
 - d. Self Administration

2. Appointments: Check boxes that apply
 - a. “Other”— use to outline transportation arrangements needed for medical appointments, who arranges the medical appointments, and other instructions to meet participant needs in this area
3. If participants have medication needs, medical treatments or procedures, a protocol should be developed and trained with all providers who are expected to perform these treatments/procedures.
4. If the participant has special instructions for medical appointments, which make the participant more comfortable, list the strategies or actions providers should take to help facilitate this process.

Seizure Information

1. Complete the information as fully as possible, leaving no blanks.
2. Waiver Specialist may request a protocol, depending on the severity of the seizure disorder.
3. If the Participant does not have seizures, draw a line through the section or mark N/A.

Specialized Equipment List

1. List all equipment that was purchased with waiver or public funds within the last plan year, along with any equipment that is still in use.
2. Include equipment that was purchased with Medicaid funds. For example, if a wheelchair was purchased with Medicaid funds 3 years ago and is still in use, it should be listed.
3. If the Participant does not have specialized equipment, draw a line through page or mark N/A.
4. If there is more equipment than the number of boxes, the last row is expandable or another sheet may be attached.
5. List any needed adaptive equipment/assistive technology and the action plan and time frames for requesting and obtaining this equipment.
6. List equipment that is no longer of a benefit and the reasons why it is not.
 - a. The Weston Center accepts donated equipment as well as other places. Equipment in this Center is available for any Wyoming citizen to check out.

All About Where I Live

1. Answer the questions in first person or state who is responding.
2. Describe the home setting of the participant, such as family home with siblings, in an apartment with friends, in a group home with six other housemates, etc.
3. Mark appropriate boxes.
 - a. Use the box marked “Other” to describe family situations such as joint custody, weekly home visits with family, etc.
4. List the waiver services provided in the home.
5. If the living arrangement has changed, an explanation must be given.
6. Describe the participant’s likes and dislikes as thoroughly as possible.
7. If the participant has concerns, explain how the team agrees to help the participant with the making some changes.
8. Mark the participant’s staffing ratio in the home. (See “Supervision levels” in IPC instructions)
9. “Describe my supervision” should include specific details about the participant’s supervision and include the various situations where the supervision level is different (more or less intensive).
10. If Intervention Hours are used, specify how the intervention is accessed by staff, why it is utilized for the participant, and how it is documented by staff.

All About My Day

1. Answer the questions in first person or state who is responding.

2. Identify how the participant spends his/her day. Describe waiver services, non-waiver services, school, and/or other regular social and volunteer activities. Include average number of hours in each service.
3. Describe the participant's likes and dislikes as thoroughly as possible.
4. If the participant has significant dislike, explain how the team agrees to help the participant with the making some changes.
5. Mark the participant's staffing ratio during the day. (See Supervision levels" in IPC instructions)
6. "Describe my supervision" should include specific details about the participant's supervision and include the various situations where the supervision level is different (more or less intensive).
7. If Intervention Hours are used, specify how the intervention is accessed by staff, why it is utilized for the participant, and how it is documented by staff.
8. If the participant works, list the place of employment and average work hours a day
9. Mark if the participant is going to receive Individual Supported Employment, Group Supported Employment, or both.
10. Add any additional notes on the participant's work supervision needed.

Supports

1. For each section, check each appropriate box that applies to the Participant.
2. More than one box can be checked in each section.
3. If the team feels more information needs to be provided regarding a box that has been checked, use the "other or comments" box to do so.
4. If no box meets the needs of the Participant, check the box marked "other or comments" and specify the needs. There should be no blanks in any section.
5. For the positioning section, list specific positioning needs. Simply putting "needs assistance" will not suffice. *Describe* the needed assistance.
6. Put N/A or none if the Participant has no positioning needs.
7. Mealtime guidelines represent formal guidelines that have been drawn up to assist a Participant with safe eating protocol (because of feeding tube, swallowing problems, etc.).
8. Dietary support section represents nutritional guidelines that can be formal or informal.
 - a. Guidelines may be in place for health reasons, such as restricted calories due to obesity, diabetic diet, doctor-ordered diet, etc.
 - i. List the reason for these guidelines.
 - ii. If an individual has no choice in the diet, it should be listed in the Rights Restrictions.
9. For other safety concerns, list any specific safety concerns the team may have which did not fall under the other supports. *For example, if the Participant cannot operate the stove due to safety concerns, identify it in this section.*
10. Supports needed by a participant should also be reflected in his/her schedules.

Additional Behavior Information and Supports

1. Every participant on the waiver is an individual, and the additional behavioral supports page gives the team information on any characteristics, idiosyncrasies, or behavioral issues that are unique to the Participant.
2. This section does not take the place of a Positive Behavior Support Plan when one is required.
3. Use this section to let staff know:
 - a. The actions to take to prevent stressful situations for the participant
 - b. The cues or behaviors that may require extra supports
 - c. The environments that are the most stressful for the participant

- i. For example, fear of large animals; fear of dogs; a dislike of large crowds/people; or a fear of loud noises, etc.
- d. The environments that are the most successful for the participant to display appropriate or replacement behaviors

Positive Behavior Support Plan

1. The positive behavior support plan shall:
 - a. Be placed after the Additional Behavior Supports page, and
 - b. Not take the place of information on the Additional Behavior Supports page.
2. The positive behavior support plan shall be developed for:
 - a. Any behavior listed as moderate or above on the current ICAP
 - b. Specific behaviors identified by the team or psychologist that need to be changed or eliminated
 - c. Behaviors identified as health and safety concerns
 - d. Behaviors identified as barriers to gaining independence, employment, or positive social interactions within the community
4. The team should address possible medical reasons for the behavior.
5. If a behavior is no longer a matter of concern, the reason a positive behavior support plan is not needed shall be indicated in written format on the “Additional Behavior Supports” page following the necessary information listed.
6. A team and/or psychologist may draft a behavior plan that will address any behavioral concerns of the Participant, in which case, the ISC shall coordinate with a psychologist when needed, or when the team is experiencing difficulties with designing a behavior plan.
7. ISCs are responsible for assuring providers are trained on the positive behavior support plan before they begin working with the Participant.
8. The targeted behaviors may be prioritized by the most critical or important behaviors first, and others addressed as needs change.
9. The positive behavior support plan shall:
 - a. Be person-centered,
 - b. Have participant involved in the development of the plan on a level appropriate for that person, and
 - c. Maintain the dignity and respect of the participant.
10. The positive behavior support plan shall include (*items in bold*):
 - a. **Information based on the functional analysis** of targeted behaviors, which:
 - i. Does not have to be submitted with the Plan of Care, but
 - ii. Shall include the following components:
 1. A brief history of the participant as related to the identified behaviors
 2. Descriptions of direct observations of behavior
 3. Information on antecedents to targeted behaviors that providers are aware of, so they can intervene assist the person in replacing the targeted behavior with a replacement behavior
 4. Information on baseline data collected, if possible, which more thoroughly describes the targeted behaviors, including frequency, severity, etc.
 5. Identification of replacement behaviors or approaches that assist the participant in getting needs met in an appropriate way
 - b. **Targeted behaviors:**
 - i. Description of each target behavior
 - ii. Brief history of target behavior
 - iii. Reason the team believes target behavior occurs

c. Directions for provider:

- i. To recognize antecedents and emerging targeted behaviors
- ii. To intervene in a positive, least restrictive, and most effective manner when targeted behavior emerges

d. Positive behavioral supports:

- i. Statements or cues staff should use to communicate and/or intervene with participant
- ii. Actions to assist the participant in replacing targeted behaviors with replacement behaviors
- iii. Positive supports and interventions, which may include:
 - 1. Strategies to set an event or environment so target behaviors can be prevented.
 - 2. Preventative measures staff can take early on to adjust the environment once preliminary behavior is displayed. *(Such as changing rooms, turning off noisy items, distancing other people from the person, removing a problem event, etc)*
 - 3. Positive intervention steps staff should try once the preliminary behavior is exhibited. *(Such as key phrases, options, choice for/modifying/ending an activity)*
 - 4. Cues to introduce tasks or choices that promote replacement behaviors.
 - 5. Evaluating what the person is trying to communicate by showing this behavior, due to past evidence, and try to meet the person's needs. *(Such as taking them to the bathroom, giving them some time to calm down, offering a change in environment, etc.)*

e. Replacement behaviors:

- i. A replacement or more desired behavior the participant should do instead of the targeted behavior
- ii. Directions for staff to teach, model, or prompt the participant to initiate the replacement behavior

f. PRN information for behavioral modification, if applicable

- i. If PRNs are listed on the "Medical Information" page and are used to handle behavioral issues, then the PRN protocol in the positive behavior support plan, should include:
 - 1. Who notifies appointed person to assess participant for need of a PRN,
 - 2. Who administers the PRN,
 - 3. Who monitors the participant for side effects after it is taken
 - 4. How is PRN documented
 - 5. Who analyzes the use of the PRN

g. Restraints, if necessary:

- i. An order for the use of a restraint by a physician or designated, trained, and competent qualified behavioral health practitioner shall be submitted at least annually
- ii. Restraints listed in the behavior plan should also be included on the restriction of rights page of the Plan of Care
- iii. Restraint usage must be in compliance with Chapter 45, Section 28, including:
 - 1. The less restrictive intervention techniques which should be used prior to the use of restraint.
 - 2. Any limitations or specific descriptions of the proper restraint to use or not use on the participant
 - 3. Who the designated staff should be to provide face-to-face evaluation of the participant within one hour of the use of restraint.
 - 4. Providers shall receive training on the use of restraint from entities that are certified to conduct such training before agreeing to provider services for that participant.

h. Therapeutic actions/interventions:

- i. Provider actions that should occur following the targeted behavior, and
 - ii. When should they occur
- i. **Review:**
 - i. Protocol for who will review plan (at least quarterly) for effectiveness, how often, and who will revise the behavior plan as necessary
- j. **Documentation:**
 - i. Specific documentation shall be developed and may be requested by the waiver specialist for:
 - 1. Tracking the occurrence of targeted behaviors, and
 - 2. Tracking results of positive behavioral interventions
 - ii. Documentation shall include:
 - 1. Dates and times of the occurrence of the targeted behavior
 - 2. Description of the antecedents to the targeted behavior.
- 11. When behavior support plans include rights restrictions, the plan shall include information on temporarily lifting the restriction during times of personal crisis, when appropriate.
- 12. When the behavior plan includes a restriction from community activities, it shall:
 - a. Not exceed 36 hours unless the plan includes information from a psychologist on the health, safety, or therapeutic reasons for a longer restriction.
 - b. Include opportunities for the participant to reduce the length of time of restriction.
 - c. Not include restrictions from employment unless they are due to health and safety concerns.

Signature Page

- 1. The participant, guardian if applicable, and all providers who are on the plan of care must sign the signature page after the plan is developed.
- 2. If a guardian signature is not obtained when the plan is submitted to the Division, the plan will not be approved.
- 3. If a signature of a provider on the plan is unable to be obtained due to the individual being out of the area or otherwise non-available, a written explanation is required including why they could not sign and how they will be notified of all pertinent information on the Plan.

Provider Demographics

- 1. Provider demographics page is to be completed and shared with team members and family.
- 2. The provider is responsible for notifying the Program Integrity Survey Certification Staff at the Division if a phone number, address, etc. change during the year.
- 3. The ISC should be aware of all changes.
- 4. Only team members who provide direct services should receive the plan of care. The psychological evaluation should not be distributed.

Rates and Supervision Levels

- 1. Use the rates as listed on the "Services Available" page of the plan of care.
- 2. The waiver currently does not have a service that accurately reflects intermittent residential care which is appropriate for people living semi-independently in apartments or their own homes. The Division will be working with providers and other stakeholders to carve such a service for the waiver year beginning July 2009.
 - a. In the interim, if a person is in supported living, such as an apartment complex (either owned by the organization or not) and a Direct Care Worker is available on-site to provide sufficient periodic one-on-one support and monitoring to the participant as needed during a 24 hour period, the organization can use the 1:4 supervision level. This service will require at least one training objective and will need to be documented on a schedule.

- b. If the person is in a supported living situation where staff are available by phone and do NOT have on-site availability, In Home Support will need to be utilized. As previously approved, the hourly In Home Support unit can be broken up into smaller time frames as long as a total of an hour is provided in one day. The training objective must be implemented during the In Home Support time for the service to be billed.
3. For services that have tiered rates, the participant's ICAP Service Score determines which rate applies, subject to the adjustments described below. Residential Habilitation, Day Habilitation, and Prevocational have tiered rates.
4. Definitions of the tiered supervision level descriptions are in Figure A-1 on page 18. This table describes the level of supervision expected for each level, based on the ICAP Service Score.
 - a. As described in Figure A-1, it is expected that a participant will receive one-on-one supervision at times specified in the plan of care objectives, regardless of the supervision setting.
5. If the tiered supervision level for the above services is appropriate to meet the participant's supervision and support needs, as defined in the annual plan of care, then mark the appropriate box on the "All about where I live" and/or "All about my day" pages in the plan of care. Then describe the supervision specific to the participant for that service.
6. If the participant requires more or less direct care supervision than that indicated by the supervision setting assigned by the ICAP Service Score (Figure A-1), and the decision is made through the planning process to place the individual in a higher or lower setting, then:
 - a. The habilitation provider shall complete the "Supervision Level and/or Intervention Request" form and ask the ISC to submit it to the Division for review and approval.
 - b. The request must include specific details on the support and supervision needed to meet the participant's health and safety needs. More details on the justification requirements are listed in the "Supervision Level and/or Intervention Request" instructions on page 15 of this document.

Intervention Hours

1. Intervention Hours are available in situations where a participant's supervision level may not provide sufficient staffing for specific activities included in the Plan of Care, but the supervision level is not needed at all times. Figure A-2 on page 19 includes sample scenarios.
 - a. Intervention hours should be used only in instances where periodic one-on-one support is required, but is not available in their usual service setting.
 - b. It is expected that a participant will receive one-on-one supervision at times specified in his/her objective(s), regardless of the service level setting.
 - c. The Intervention option should be used to request additional hours when the expected one-on-one supervision in the assigned setting is not adequate to meet the specified needs.
 - i. Written justification for Intervention Hours shall be submitted for review and approval by the Division on the "Supervision Level and/or Intervention Request" form.
 1. This form shall be submitted with the plan of care.
 2. This form may also come in as part of a modification request to the plan of care.
2. The request and justification for intervention must explain why the addition of Intervention Hours, would be appropriate. It must specify how the intervention will meet participant's health and safety needs.
 - a. Details needed for justification are explained in the "Supervision Level and/or Intervention Request" instructions on page 16 of this document.

Supervision Level and/or Intervention Request form

1. Form shall be used if the supervision level as indicated by the ICAP Service Score is not sufficient to meet the participant's health and safety needs.
 - a. Form shall be used to justify:
 - i. A lower supervision level than the ICAP Service Score indicates
 - ii. A higher supervision level than the ICAP Service Score indicates, and/or
 - iii. The use of Intervention Hours to meet the participant's health and safety needs.
2. Supervision levels for the tiered rates apply to Residential Habilitation, Day Habilitation, and Prevocational Services.
3. Intervention hours can be added on to Residential and Day Habilitation Services only.
4. Using the form to justify a different Supervision level, the habilitation provider must do the following:
 - a. Identify the supervision level indicated by the ICAP Service Score
 - b. Rate the ICAP level of supervision for the participant as too high, too low, or explain exceptional scenarios
 - c. Indicate which supervision level would be a more appropriate staffing ratio
 - d. Provide an explanation for the different supervision level
 - e. Describe how the requested supervision level will meet the participant's health and safety needs, then indicate:
 - i. The number of participants in the home or day habilitation setting
 - ii. The number of staff routinely assigned to that setting
 - iii. If additional staff would be available for parts of the day, describe the type of activity, the number of staff assigned, and the length of time
 - f. Describe how the additional supervision will be documented by the provider which verifies that the additional supervision is being provided to this individual.
5. Using the form to justify the use of Intervention Hours, the habilitation provider must include the following:
 - a. The answers to the questions in 4. e. above.
 - b. The number of Intervention Hours being requested.
 - c. A description of the behavioral, health, safety, medical, and/or personal care issues that would require a more intense supervision level. *See Figure A-2 on page 19 for additional guidance related to each of these issues.*
 - d. If the activity is episodic and not schedule driven, explain the types of episodes and the frequency of such behaviors or needs.
 - e. The intervention or supports must be specified that will be put in place to address the issue(s) that require the additional supervision/intervention hours.
 - f. An explanation of how intervention hours will be utilized and a description of the proposed frequency.
6. This form shall be submitted for review and approval with the annual plan of care.
 - a. This form may also come in as part of a modification request to the plan of care.
 - b. The request will be reviewed by Division staff.
 - i. The ISC will be notified in writing of the decision.
 - c. If approved, then the plan of care will need:
 - i. The supervision level on the "All about where I live" or "All about my day" sections to reflect the same requested supervision level.
 - ii. If it is a modification to a current plan, then the "All about where I live" or "All about my day" sections may be changed after the request is approved.

- iii. For approved intervention hours, an intervention schedule will be needed to reflect the higher supervision/intervention.
- iv. The habilitation schedules will need to reflect the supervision levels if 1:1 or 2:1 staffing is needed at certain times.
- d. If the justification request is denied, the Division will send a denial in writing, and
 - i. The supervision levels on the pertinent sections of the plan will need to be changed to the approved supervision level.
- e. If the Plan of Care cost exceeds the Individual Budget Amount (IBA), a request will need to be made to the Extraordinary Care Committee (ECC) for approval.

ICAP Service Score Range	Figure 1-A SUPERVISION LEVEL DESCRIPTION	Expected Staffing Ratio
1-22	<p>Intensive Supervision – Highly intense levels of support and supervision. For example, an individual may have special medical needs that are essential for sustaining their health and well being or the person may need total personal care or demonstrate severe and persistent behaviors that need consistent and ongoing supervision and intervention. This level of support is provided in all circumstances and requires one staff dedicated to that person at all times during all waking and some sleeping hours.</p> <p>Staffing Expectation - The expectation for this level is that there will be a Direct Care Worker present and supervising each participant during all waking hours while in residence (and available on an as-needed basis during sleeping hours). This level should not be used for a participant that requires periodic one-on-one supervision.</p>	1:1
23-49	<p>Extensive Supervision – continuous support and supervision. For example, an individual requires continuous supervision; some 1:1 support for specific activities (i.e.) for eating dressing, or bathing, or community outings) or, because of severe and persistent behaviors, may need continuous supervision from staff with staff present in the same room or nearby.</p> <p>Staffing Expectation – The expectation for this level is that there will be, on average, one Direct Care Worker present and supervising no more than two participants during all waking hours, in either a residence or in a day services setting. This level assumes that the direct care worker will be available to provide specific periodic one-on-one supervision to the participant during the day (and on an as-needed basis during sleeping hours, if applicable).</p>	1:2
50-64	<p>Limited Supervision – consistent support and supervision. For example, an individual may be independent in some personal care skills, but may require assistance, support or supervision with many activities of daily living and direct and consistent supervision while in a residential, and community settings. <i>OR</i> the person may be able to have indirect supervision with provider available in another room or available by phone. Individual will receive some 1:1 support.</p> <p>Staffing Expectation – The expectation for this level is that there will be, on average, one Direct Care Worker present and supervising no more than three participants during all waking hours, in either a residence or in a day services setting. This level assumes that the direct care worker will be available to provide sufficient periodic one-on-one supervision to the participant during the day (and on an as-needed basis during sleeping hours, if applicable).</p>	1:3
65 or above	<p>Intermittent Supervision - periodic support and supervision. For example, an individual may be able to manage most activities of daily living independently, but may need periodic verbal prompting, monitoring, support, assistance, or supervision. Individual will receive limited 1:1 support.</p> <p>Group Home Staffing Expectation – The expectation for this level is that there will be, on average, one Direct Care Worker present and supervising no more than four participants during all waking hours, in either a residence or in a day services setting. This level assumes that the direct care worker will be available to provide sufficient periodic one-on-one supervision to each participant during the day (and on an as-needed basis during sleeping hours, if applicable).</p> <p>Supported Living Staffing Expectation – The expectation for this level is that there will be a Direct Care Worker assisting the participant who lives semi-independently as outlined in the plan of care. This level assumes that the Direct Care Worker will be available on-site to provide sufficient periodic one-on-one support and monitoring to the participant as needed during a 24 hour period.</p>	1:4

Figure A-2: Guidelines for Adjustments to Supervision Level and/or Intervention Hours

Behavior	<p>A participant may need additional supervision/intervention for community outings due to aggression, elopement, inappropriate/illegal conduct, pedophilia, court-ordered supervision. If the person has a history of these behaviors, there should be a Positive Behavior Support Plan in the Plan of Care that addresses the need for extra staff or intervention hours to implement the support which prevents or minimizes the likelihood of the above mentioned behaviors occurring. The supervision or intervention is not intended for purposes of watching the person should the behavior occur, but for the purpose of teaching appropriate behaviors and keeping the participant safe.</p> <p>A participant may need 1:1 or 2:1 supervision during predictable episodic behaviors that happen occasionally or somewhat regularly. To the extent these episodes are predictable; they should be addressed in the Plan of Care.</p>
Health	<p>A participant may need additional supervision due to increased health needs. If a participant usually functions well with 1:2 staffing ratio or in a less intensive setting during healthy times, but needs 1:1 due to increased health needs, then this need should be described in the Plan of Care. If the request is due to a temporary change in a person's physical well being due to illness or accident, the justification should include the projected timeline and prognosis for recovery/remediation from the illness or accident and the specific support that will be implemented during this time. The authorization of additional staff or intervention should be time limited and monitored to determine the ongoing need.</p>
Safety	<p>Staff supervision/intervention for community outings, activities in the residential or day setting may be necessary due to mobility issues that necessitate 1:1 staffing. The frequency and need should be specified in the Plan of Care and should specify the role of the additional staff intervention.</p>
Medical	<p>Surgery/injury/rehabilitation time – temporary 1:1 staffing when person is in recovery (Intervention request would come in as a modification). Need may be due to a temporary change in a person's physical well being due to a medical condition – in these instances, justification should specify the health need being addressed and the specific interventions to be provided. The authorization should be time limited and monitored to determine the ongoing need.</p>
Personal Care	<p>An individual receiving a staffing level of 1:3 or 1:4, may need additional staff intervention periodically during the day for intensive mealtime, bathing, personal care, or pericare that is in addition to the regular 1:1 supports included in the Plan of Care. If additional 1:1 intervention is required, then the Plan of Care should specifically identify the activities of daily living that require 1:1 intervention to meet the specified personal care need.</p>

Objective Pages

1. One objective page must be developed for all Habilitation Services, but more than one is allowed:
 - a. Residential Habilitation
 - b. Day Habilitation
 - c. Pre-Vocational Services
 - d. Supported Employment
 - e. Special Family Habilitation Home
 - f. Residential Habilitation Training
 - g. In Home Support
2. Objectives should be derived from:
 - a. Possible objectives discussed at IPC team meetings
 - b. Information in the “About Me” section
 - c. Health and safety concerns
 - d. Participant, family, or team member ideas about how the participant may become more independent or make progress towards larger life goals
 - e. Progress or status on past objectives
3. Progress or status of past objectives should be acknowledged. This can be noted in the “About Me” section or on the Objective page.
4. Objective pages, including the meaningful, measurable, and methodology parts should contain the SMART components: S-specific, M-measureable, A-attainable, R-relevant, T-time specific/trackable.
5. All sections on the objective page should be completed, including:
 - a. **Correct code**
 - b. **Start date** (*corresponding with plan date*)
 - c. **Review date** (*monthly, quarterly, or semi-annually*)
 - d. **Number of units** (*If the team requests less than 350 days of Residential Habilitation and/or less than 230 days for day services, a statement is required why services are not needed through out the year.*)
 - e. **Person responsible** (*If more than one provider is listed, then a person must be identified who will monitor for progress, consistency and continuity of services.*)
 - f. **“My objective is”** should be a clear specific statement and should:
 - i. Answer “I will do what, where, how often, and for how long?”
 - ii. Not be too lengthy or contain too many items.
 - iii. Be written in person first language.
 - g. **“How will the objective help me”** response should explain:
 - i. How the objective will be meaningful to the person
 - ii. How it will help them achieve something they cannot currently do successfully
 - iii. How it will help them become healthier, more independent, happier, or other descriptions of pertinence to the person’s health and well-being.
 - iv. This section should contain an explanation of the participant’s current skill level and where he/she hopes to be upon achieving this objective.
 - h. **“How will this objective indicate how I am doing”** should:
 - i. Show the steps used to measure progress,
 - ii. Include criteria for evaluating performance and completion
 - iii. Define specific measurement criteria for progress on goal.
 - i. **“If this objective is being continued from the previous plan, indicate progress made”** should:
 - i. Briefly summarize last year’s progress on objective in measurable terms.
 - ii. Note areas of significant strength and/or weakness on objective

- j. **“Methodology”** should:
 - i. Describe training activities.
 - ii. Serve as provider directions for running the objective with the participant.
 - iii. Include references to the level of assistance providers will use to train, (ie. positive reinforcement, hand over hand, role-play, verbal prompt, observation, pictures, etc.)
 - iv. Be broken down into steps and be appropriate for the participant’s level of ability
 - v. Include a task analysis sheet or rows on the schedule for tracking measurement of the objective for data collection and analysis by the ISC and/or provider.
 - vi. List the ways it can be practiced, environments in which it can be done, and parties involved if it can vary.
 - vii. Be realistic, but not so easily attainable that the participant can already do it most of the time
- 6. Documentation and evaluation requirements
 - a. The provider must submit a copy of schedules and monthly data sheets to the ISC by the 10th business day following the month services are rendered.
 - b. Providers must summarize progress on objectives when submitting documentation.
 - c. ISCs are responsible for assuring:
 - i. If more than one provider is listed, then a person must be identified who will monitor for progress, consistency and continuity of services
 - ii. If the objective page is used by more than one provider, there must be an easy identification to see which provider has completed the form (important for auditing and billing review)
 - iii. If objective has been the same for a year or more and the participant is not achieving success, then the following options will be given:
 - 1. Objective may be revised to try new methodologies, new strategies and activities, be more specific, or
 - 2. Objective may be changed completely, or
 - 3. ISC is advised to either:
 - a. Add the objective or goal to the schedule to record on-going training in this area
 - b. Include this unachieved objective in the “Ongoing supports and concerns area” or elsewhere in the plan.

Schedules

1. Schedules must accompany all Habilitation Objectives, Respite, Personal Care, and Homemaking.
2. Schedules shall be:
 - a. A personalized list of tasks or activities that describe a typical week for a participant
 - b. Individualized and reflect the wants and desires of the Participant as listed in the “About Me” section.
 - c. Developed with each provider on the team to determine what the schedule should include.
3. A schedule shall include:
 - a. Name of Participant
 - b. Service Code or Description
 - c. Plan Date
 - d. Location of Service
 - e. Name of service being provided
 - f. Approximate number of hours in service (per day/week/month)
 - g. Details on training on specific objectives for habilitation services(if methodology for objective is on the schedule instead of a separate objective page)
 - h. Level of supervision needed as specified in “Supports” section (staff ratios should not be included unless the person requires 1:1 or higher)
 - i. Personal care needs during the time of service, if applicable
 - j. Health and safety needs
 - k. Behavior plan components, if applicable
 - l. Participant’s choice of activities
 - m. Community outings (*provider should fill in specific location when documenting on the schedule*)
 - n. Date (*month, date, year*)
 - o. Time in and time out for provision of services
 - i. Choose AM/PM or military time
 - ii. Staff needs to identify time consistently on the schedule and not switch between AM/PM and military time
 - iii. More than one box for “time in/time out” must be available, if the Participant leaves the service more than once a day for therapies, other waiver services, school, etc.
 - p. Place for each staff member of each provider to initial when tasks have been completed (*Initials must match full signature*)
 - q. Place for full signature for each staff member of each provider (*per physical page*)
 - r. Notes/Comments section (*if completed, include date of comment*)
4. Social Security Numbers and Medicaid ID numbers on the schedule are optional. Due to HIPAA concerns, if schedules are taken into the community, the identification numbers would not be safe to have on the schedule.
5. The schedule verifies services were delivered for billing purposes. Therefore,
 - a. It must be developed with all of the above components, and
 - b. Filled out, initialed, and signed by staff accurately, or
 - c. The provider may have to pay back money for services.
6. Providers must adhere to the documentation and reporting standards in rule and may develop individualized format and there are examples on the Division’s website.
7. Each provider is responsible for developing, updating, and distributing the approved schedule for their service to all staff or team members who deliver the service, as well as giving a copy to the ISC.
 - a. If the provider needs assistance with developing the schedule, the ISC should assist the provider as needed.

Intervention Service Schedule

1. A schedule must accompany all Intervention hours. The Schedules shall be:
 - a. A personalized list of daily living activities, behaviors or tasks that need exclusive staff support and supervision
 - b. Reflect the specific areas of concern in the areas of health and safety.
 - c. Developed by the provider who will do the intervention with the participant.
2. A schedule shall include:
 - a. Name of Participant
 - b. Service Code and Service Description
 - c. Plan Date
 - d. Location of Service
 - e. Type of Intervention being provided
 - f. Approximate number of intervention hours (per day, week, or month)
 - g. Details for staff on how to intervene with the participant to address the specific behavior, medical need, personal care, or other usage.
 - h. A description of the level of support needed for specific activities, such as total assistance, hand over hand, etc.
 - i. Personal care needs during the time of service, if applicable
 - j. Health and safety needs
 - k. Behavior plan components, if applicable

**Occupational Therapy, Physical Therapy, Speech Therapy (Adult DD and ABI only),
Respiratory Therapy (Adult and Children DD only), Dietician**

1. Occupational Therapy, Physical Therapy, and Speech Therapy have an individual rate and a group rate. The participant may receive either individual, group, or both, and the physician's order must reflect which service is appropriate for the participant.
2. There must be an assessment prior to therapy services, with a date included.
 - a. The waiver specialist may request an updated assessment.
3. Recommendations from therapist can be on this form or attached.
4. Therapist should explain why the needed service is not billable to Medicaid.
5. Review date must be at least every 6 months.
6. A description of the expected outcome of therapy and how outcomes will be measured must be clearly stated.
7. If the therapist is not filling out the form, he/she must give the necessary information to the ISC.
8. Therapist signature is only needed if the therapist completes this form.
 - a. If there is a separate recommendation letter with a signature and date, simply write: "see attached recommendation".
9. A Physician's order must accompany all requests for therapy, except Dietician.

Subsequent Assessments (there is no service page)

1. If the assessment has not yet been completed before the Plan of Care is submitted, then the ISC must submit documentation for prior authorization stating:
 - a. The type of assessment
 - b. Purpose of assessment
 - c. Professional completing the assessment, including credentials
 - d. The cost and proposed completion date.

2. Any subsequent assessments new to the participant or unrelated to a service on the pre-approval page shall have prior authorization from the Division. If so, then the ISC must submit a request for the assessment with all of the components listed above.
3. Once the assessment is completed, a copy must be sent to the Division.
4. If the psychological assessment was completed prior to the Plan of Care, the ISC must submit a copy of the assessment and a copy of the invoice.

Personal Care

1. Service sheet should be completed, explaining the general allocation of units and a general description of services.
2. If Personal Care is needed at the same time as other services such as: SFHH, Respite, or Therapy Services, the need for more than one service provider must be clearly identified on both service sheets. The Division shall review the arrangement before a pre-approval is signed.
3. A schedule must accompany the Service sheet.

Respite

1. Respite is intended to give short-term relief for the primary caregiver.
2. On the Children's DD waiver, if the amount of Respite requested is over 7280 units per year (an average of 35 hours a week), the reasons for this amount must be documented and shall be reviewed by the Division before being approved.
3. Respite cannot be used during regular school hours unless there is a documented reason why the child is not in school.
4. A Service sheet should be completed, explaining the general allocation of units and a general description of Services.
5. If Respite Care is needed at the same time as other services such as: SFHH, Respite, or Therapy Services, the need for more than one service provider must be clearly identified on both service sheets. The Division shall review the arrangement before a pre-approval is signed.
6. A schedule must accompany the service sheet.
7. This schedule must be descriptive of the services provided.

Homemaker (Children's DD waiver only)

1. If the amount of Homemaker Services requested is over 3 hours a week, the reasons for this amount must be documented and will be reviewed by the Division before being approved.
2. A Service sheet should be completed, explaining the general allocation of units and a general description of Services.
3. A schedule must accompany the Service sheet.

Cognitive Retraining (ABI only)

1. Provider must provide all information on the Service sheet.
2. There is no schedule required for this Service but one could be devised.
3. The professional must document what occurred during each session

Skilled Nursing

1. Physician's Orders for "Skilled Nursing Services" Form must be completed, including preventative and rehabilitative procedures.
2. The services on the physician's order must be reflected in the Services delivered.

Environmental Modifications

1. Refer to Chapter 44 for specific details regarding Environmental Modifications.

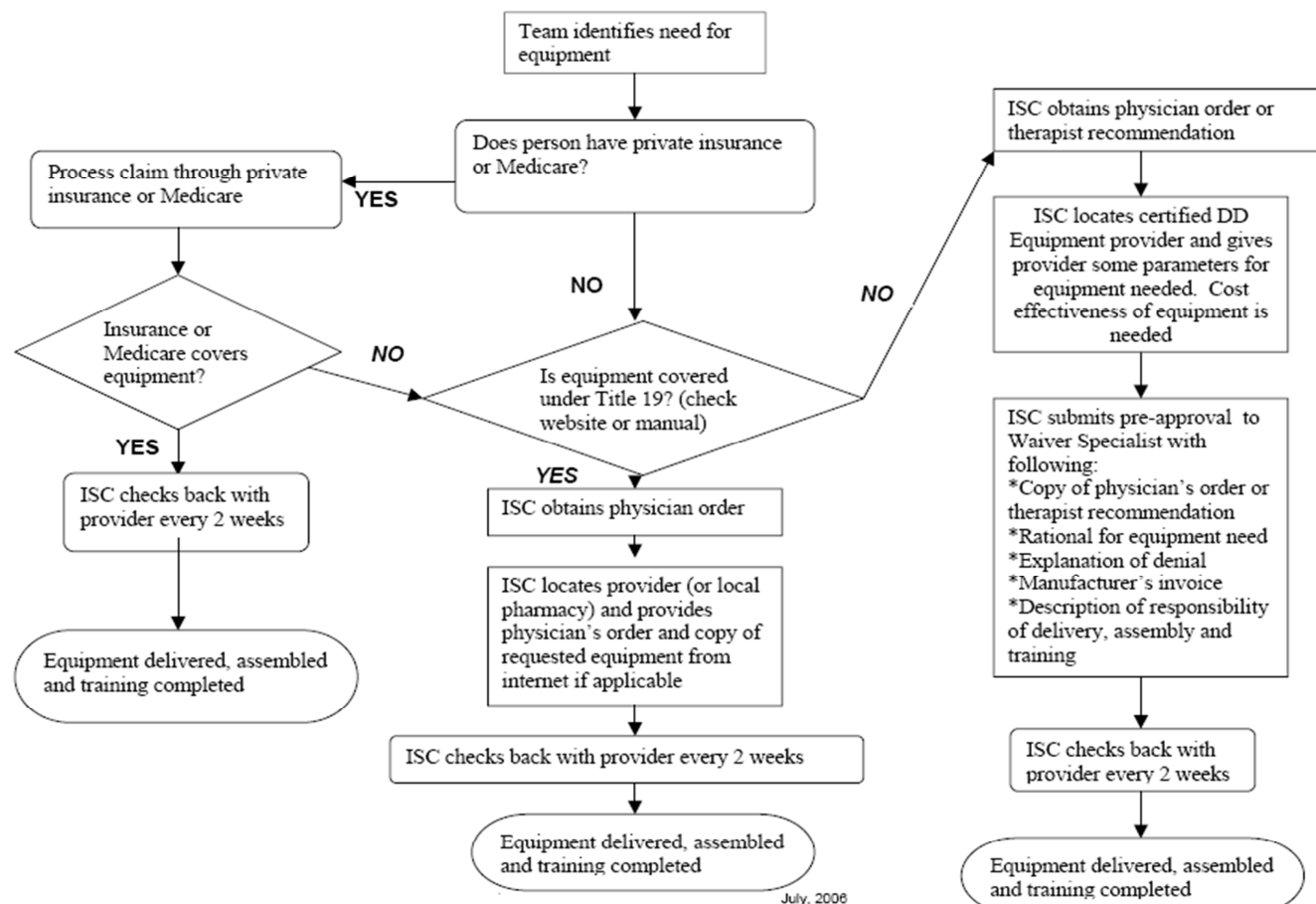
2. Environmental modifications requests shall meet at least two of the following criteria for approval by the Division:
 - a. Be functionally necessary, and
 - i. Contribute to a person's ability to remain in or return to his or her home and out of an ICF/MR setting, or
 - ii. Be necessary to ensure the person's health, welfare, and safety.
4. If the environmental modification meets the criteria, then the ISC will submit the request to the Division, including:
 - a. A description of the environmental concern or need.
 - b. How the environmental concern is related to the participant's diagnosed disability
 - c. How addressing the environmental concern will:
 - i. Contribute to the participant's ability to remain in or return to his or her home.
 - ii. Increase the participant's independence.
 - iii. Address the participant's accessibility concerns.
 - iv. Address health and safety needs of the participant.
5. After the request is submitted, the Division may:
 - a. Schedule an on-site assessment of the environmental concern including an evaluation of functional necessity with appropriate professionals under contract with the Division, or
 - b. Instruct the ISC to proceed to (6).
 - c. Deny the request
6. If the request is approved, then the ISC shall submit the pre-approval section and service page of the individual plan of care to the Division, including:
 - a. The recommendation
 - b. Photos or drawings
 - c. Two quotes completed by certified environmental modification providers, which shall include:
 - i. A detailed description of the work to be completed, including drawings or pictures when appropriate.
 - ii. Estimate of material and labor needed to complete the job, including costs of clean up.
 - iii. Estimate for building permit, if needed.
 - iv. Estimated timeline for completing the job.
 - v. Name, address, and telephone number of the provider.
 - vi. Signature of the provider.
 1. *If two quotes cannot be obtained, an explanation shall be attached as to why only one quote was submitted.*

Specialized Equipment

1. Refer to Chapter 44 for specific details regarding Specialized Equipment, including identifications of items not allowed.
2. Each piece of specialized equipment shall meet at least three of the following criteria:
 - a. Be functionally necessary, and
 - b. Be necessary to increase ability to perform activities of daily living or to perceive, control, or communicate with the environment in which the person lives, or
 - c. Be necessary to enable the participant to function with greater independence and without which the person would require institutionalization, or
 - d. Be necessary to ensure the person's health, welfare, and safety.

3. The individual plan of care shall reflect the need for equipment, how the equipment addresses health and safety needs of the participant or allows them to function with greater independence, and specific information on how often the equipment is used and where it is used.
4. If the request meets three of the four criteria, the ISC shall:
 - a. Complete the Service Page.
 - b. Obtain a recommendation from a therapist or professional with expertise in the area of need. The recommendation shall include:
 - i. Description of the functional need for the specialized equipment.
 - ii. How the specialized equipment will contribute to a person's ability to remain in or return to his or her home and out of an ICF/MR setting.
 - iii. How the specialized equipment will increase the individual's independence and decrease the need for other services.
 - iv. How the specialized equipment addresses accessibility, health, and/or safety needs of the participant.
 - v. Documentation that the participant has the capability to use the equipment.
 - c. Document that the waiver is the payer of last resort (*the specialized equipment provider or ISC may need to do this step.*)
 - d. Describe how equipment shall be delivered and who will train the person and providers on the equipment.
 - e. Obtain documentation of an estimate of a quote of the equipment, including a maximum markup on the equipment of 20%.
 - i. The quote shall be itemized, separating markup, shipping, and other costs.
 - ii. The quote may include a detailed description of the need and costs for expert assembly of the equipment in addition to 20% markup.
 - iii. The quotes may include a detailed description of the need and cost for training on the specialized equipment in addition to the 20% markup.
5. The Division may schedule a review of the specialized equipment quote, including an evaluation of functional necessity, with appropriate professionals under contract with the Division.
6. See chart for more information on the Specialized Equipment Request process.

FLOWCHART OF PROCESS FOR SPECIALIZED EQUIPMENT



July, 2008

Modifications to the Plan of Care

1. Modifications shall be submitted when the participant:
 - a. Moves out of the state
 - b. Passes away
 - c. Leaves the waiver
 - d. Ends the plan
 - i. If participant is no longer available to sign, note it on pre-approval form.
2. Modifications shall be submitted when there is a change in:
 - a. Services
 - b. Service rates
 - c. Service units
 - d. Providers
3. The transition process must be followed and the transition checklist submitted if the modification is a change in:
 - a. Case manager (ISC)
 - b. Residential Placement
 - c. Day Services
4. The Pre-Approval form only needs to contain those services that are changing.
5. Indicate, by arrows, if the units are increasing ↑ or decreasing ↓.
6. Indicate by a + for a new provider or new service.
7. If Pre-Approval form contains lines that have not changed, indicate \$ for same.
8. The ISC must have accurate information from providers on units billed and services provided before completing the Pre-Approval form.
9. Any Service sheet, Objective Page, or Schedule that would be changed due to increased or decreased units must be included.
10. In addition to the Pre-Approval form, Service Sheets, and Schedules, a Signature Sheet MUST be included (page 16 in the IPC template).
 - a. Signatures must include all providers whose rates/units are being changed.
 - b. If signatures cannot be obtained, the ISC must document the reason and explain how and when the provider has been notified.
11. Modification Effective Date must be completed on top of the Pre-Approval form and should be received at the Division at least 7 days before revision is to start.
 - a. If an exception is necessary, the request should be submitted in writing followed up by a phone call to the Waiver Specialist.
12. When a participant has a change not resulting in a modification, then:
 - a. ISC must notify Waiver Specialist in writing or by e-mail, the change in a participant's:
 - i. Address
 - ii. Guardianship
 - iii. Adoption
 - iv. Type of Service
 - v. Residence from a group home to
 1. an apartment
 2. another group home in the same provider organization
 3. Or moving from a SFHH situation to a foster home or adopted home, should be submitted (even if the physical address does not change)
 - b. This notification must also include a new demographics page sent to the Waiver Specialist.

Definitions

Antecedents

Actions or statements that take place before a targeted behavior occurs.

Baseline data

Basic information gathered before a program begins. It is used later to provide a comparison for assessing program impact.

Competency-based training

Training for a provider so he/she can demonstrate the knowledge, skills, and abilities necessary in working with the participant on specific plan of care items.

Cue

Any signal, statement, or action identified, which should be followed with a specific action.

Data

Multiple facts used as a basis for inference, testing, models, etc.

Dignity

Bearing, conduct, or speech indicative of respect, appreciation of an occasion or situation and showing a person they are capable, worthy and valuable.

Emerging behaviors

Actions or statements that arise from a participant before targeted behaviors usually occur.

Functional analysis

Information gathered relating to the what, when, where, who and why of the targeted behaviors. Information is gathered through direct observation of the participant's targeted behaviors as they emerge and decline, interviews with people familiar with the participant who can give details on preliminary or emerging behaviors before the targeted are witnessed, pertinent history relating to the behaviors, possible causes of the behaviors, and an evaluation of the environments where targeted behaviors take place.

Intervention Hours

Intervention Hours can be added to Residential and Day Habilitation services when a participant's regular supervision level may not provide sufficient staffing for specific activities included in the Plan of Care, but the supervision level is not needed at all times.

PRN

Medical term meaning a medicine given as the occasion arises, or when necessary.

Participant

An individual who has been determined eligible for covered services on the Waiver.

Person-centered planning

A process directed by a participant that identifies the participant's strengths, capacities, preferences, needs, services which may meet the needs, and providers available to provide services. Person-centered planning allows a participant to exercise choice and control over the process of developing and implementing the plan of care.

Positive Interventions

An action that changes a course of events that is characterized by or displaying approval, acceptance or affirmation.

Positive Behavior Supports

Multiple approaches with a person, such as changing systems, altering environments, teaching skills, and appreciating positive behavior, in hopes of avoiding a target behavior.

Protocol

A detailed plan of treatment, or procedures/directions to follow for a specific event, such as a medical, seizure, or behavior plan protocol.

Provider

A person or entity that is certified by the DDD to furnish covered services and is currently enrolled as a Medicaid Waiver provider.

Replacement behaviors

Acceptable behaviors and actions taught to a participant as an alternative way to respond to a situation, event, or problematic environment rather than displaying the targeted behavior(s).

Restraint

A personal, mechanical, or drug used as to restraint as defined in Chapters 41- 45 of Medicaid rules.

- ***Drug used as a restraint***

Any medication administered to manage a participant's behavior in a way that reduces the safety risk to the participant or others, and has the temporary effect of restricting the participant's freedom of movement, and is not a standard treatment for the participant's medical or psychiatric condition.

- ***Mechanical restraint***

Any device attached or adjacent to a participant's body that he or she cannot easily move or remove that restricts freedom of movement or normal access to the body.

- ***Personal restraint***

The application of physical force without the use of any device, for the purposes of restraining the free movement of the body of the participant. *The term personal restraint does not include briefly holding, without undue force, a participant in order to calm or comfort him or her, or holding a participant's hand to safely escort him or her from one area to another.*

Restriction

A condition that limits a right, keeps a person or thing within certain boundaries, or controls behavior with a physical, mechanical, or chemical restraint.

Staff

Any person or employee who provides direct care to a participant.

Targeted behaviors

Specific behavior the participant or the team would like to change or put an end to. *Things for the team to consider: Does the current behavior impact the goals of the plan? What behavior should replace it what incentive does participant have to implement the desired behavioral change? What is the desired outcome of the behavioral change, and how does it reflect back on the plan of care?*

Task analysis

A method used to teach a participant how to accomplish his/her objective through detailed steps of an objective. It should outline the expectations for accomplishing each task, detail the level of support needed for completing a task, and include a system to measure achievement on each task.

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